

<b>AGENCY NAME:</b>	Leg. Dept-Codification of Laws & Leg Council		
<b>AGENCY CODE:</b>	A15	<b>SECTION:</b>	91C



## Fiscal Year 2015-16 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	My agency is submitting the following recurring decision packages (Form B): <b>NONE</b>	
	For FY 2015-16, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	My agency is submitting the following one-time decision packages (Form C): <b>NONE</b>	
	For FY 2015-16, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.


  

<b>PROVISOS</b>	For FY 2015-16, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	James H. Harrison	803-212-4500	JimHarrison@SCStatehouse.gov
<b>SECONDARY CONTACT:</b>	Kim Hagen	803-212-4500	KimHagen@SCStatehouse.gov

I have reviewed and approved the enclosed FY 2015-16 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>	September 8, 2014 	
<b>TYPE/PRINT NAME:</b>	James H. Harrison	

*This form must be signed by the department head – not a delegate.*